



Office of Charitable Gaming
P.O. Box 98502, Baton Rouge, LA 70884
(225) 925-1835 or (800) 562-9235 FAX (225) 925-7069

Raffle Accountability Sheet

Name of Member: _____ Phone Number: _____

Ticket Sequence Issued: _____ Date of Raffle: _____

Date Tickets Checked out to Member: _____

Date Tickets Returned to Organization: _____

Accountability:

1. Number of Tickets Issued: _____

Less:

2. Number of Tickets Unsold: _____ < _____ > _____

Equal:

3. Number of Tickets Sold: _____

4. Number of Ticket Stubs Returned: _____

(By Member)

(Lines 3 and 4 should equal)

5. Price paid per Ticket: \$ _____

(No Discounting. EX: Buy 3 for \$1.00)

6. Total Amount Due: \$ _____

(Multiply Line 3 by Line 5)

7. Amount Submitted By Member:

Checks: \$ _____

Cash: \$ _____

TOTAL \$ _____

Over / Short: \$ _____

(Subtract Line 7 Total From Line 6

If the amount is more than 0, the amount is a shortage.

If the amount is less than 0, the amount is an overage.)

I hereby certify that all information provided above is true and correct to the best of my knowledge. I hereby understand that by providing false and/or incorrect information to the Office of Charitable Gaming may subject me to penalties in accordance with LA R.S. 14:133 and LA R.S. 4:735.

NOTE: This form is to be maintained by the organization for 3 years in accordance with LAC 42:I.1731.

Signature of Member: _____ Date: _____

Signature of Member in Charge: _____ Date: _____